

DUMAS STAFF ASSOCIATION
2018-2019 SCHOLARSHIP APPLICATION

Date: _____

Applicant's Name: _____

Permanent Address: _____

Telephone Number: _____

Email Address: _____

Check one and fill in the date:

_____ Dumas High School Graduating Senior (Year _____)

_____ Dumas High School Graduate (Year _____) Entering Student Teaching
Fall Semester (year) _____ Spring Semester (year) _____

_____ Dumas ISD Employee Enrolled in College Seeking Teaching Certification

_____ Dumas ISD Employee Seeking Alternative Certification in Education

Complete:

High School GPA and Class Rank _____

(Attach unofficial or official copy of high school transcript)

College GPA _____

(Attach unofficial or official copy of college/university transcript)

College or University where enrolled _____

College or University Registrar's Address: _____

City: _____ State: _____ Zip: _____

In the space provided below, please explain why you have decided on a teaching career and why you have applied for the scholarship.

Application must be returned no later than April 15th to:

Hillcrest Elementary School
514 Pear
Dumas, TX 79029
Attn: Sarah McClelland